

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

• PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094284 (3)

1. Corporation Name

RJH & COMPANY, INC.

Principal Place of Business

405 N. REO ST., SUITE 240
TAMPA FL 33609

Mailing Address

405 N. REO ST., SUITE 240
TAMPA FL 33609

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

Country

Country

9. Name and Address of Current Registered Agent

KUSSNER, STEPHEN L
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|----------------|---------------------------|---------------------------------|--------------------|---|
| TITLE | D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALES, ROBERT J | | 1.2 NAME | |
| STREET ADDRESS | 405 N. REO ST., SUITE 240 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33609 | | 1.4 CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALES, LINDA | | 2.2 NAME | |
| STREET ADDRESS | 405 N. REO ST., SUITE 240 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33609 | | 2.4 CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALES, ROBERT J II | | 3.2 NAME | |
| STREET ADDRESS | 405 N. REO ST., SUITE 240 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33609 | | 3.4. CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALES, RICHARD J | | 4.2 NAME | |
| STREET ADDRESS | 405 N. REO ST., SUITE 240 | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33609 | | 4.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

ROBERT J. HALES

4/15/98

813-289-4119

CR2E034 (10/97)